


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90014 025 \*\*\*\*70.00

<b>DOCUMENT # 719190</b>			
1. Entity Name NORTHWEST FEDERATED WOMAN'S CLUB OF BROWARD COUNTY, INC.			
Principal Place of Business 2161 N.W. 19TH STREET FT LAUDERDALE, FL 33311		Mailing Address P.O. BOX 5622 FT LAUDERDALE, FL 33310-5622 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7113192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CANADY, PEARL V 2342 NW 13TH STREET FORT LAUDERDALE, FL 33311		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Pearl V. Canady</i>		PEARL V. CANADY	
Signature, typed or printed name of registered agent and title (Applicable).		(NOTE: Registered Agent signature required when re-registering)	
DATE: 07/05/06			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	KING, SANDRA 1930 NW 5TH WAY POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOODY, MATTIE 2500 NW 30TH WAY FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCELVY, JULIA 3491 NW 2ND STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHISHOM, PANCHITA 1241 NW 24TH AVE FT LAUDERDALE, FL <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	KING-BRUCE, MAUDE 1764 NW 71ST AVENUE PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
FS TITLE NAME STREET ADDRESS CITY-ST-ZIP	VANS, OLIVIA 1308 NW 15TH ST FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Julia McElvy</i>		Julia MCELVY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 07/05/06	
		Daytime Phone #: (754) 234-9393	